

 <p>commerce.wi.gov www.commerce.state.wi.us/sb</p>	<h1 style="margin: 0;">COMPLAINT REGISTRATION</h1>	<b>Integrated Services Bureau</b> <b>Inspection and Safety Support Section</b> <b>P.O. Box 7302</b> <b>Madison, WI 53707-7302</b> <b>Fax: (608) 267-9723</b>
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Personal information you provide may be used for secondary purposes. [ Privacy Law, s.15.04 (l) (m)]

<b>Date Complaint Filed:</b>		<b>S&amp;B Staff Person's Name Who Received Complaint:</b>	
<b>Person making the complaint info:</b> Name (please print): _____		<b>Is confidentiality requested?</b> (within the limits of the state Open Records Laws) <div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div>	
Street Address: _____			
City, State, Zip: _____			
Telephone Numbers (include area code): Home: (    )                      Work: (    )			
<b>Person making complaint is:</b> Employee <input type="checkbox"/> Employee Representative <input type="checkbox"/> Other: _____			
<b>RESPONDENT INFO</b> Name (who complaint is registered against): _____		<b>Site/Project Info</b> Complaint Location (site/project name): _____	
Street Address: _____		Street Address: _____	
City, State, Zip: _____		City, State, Zip: _____	
Telephone Number (include area code): (    )		County of _____ <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of _____	
<b>How was complaint filed?</b> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By E-Mail <input type="checkbox"/> By Fax <input type="checkbox"/>			
<b>TYPE OF COMPLAINT:</b> Amusement Rides <input type="checkbox"/> Blasting <input type="checkbox"/> Boilers/Pressure Vessels <input type="checkbox"/> (+) Commercial Building <input type="checkbox"/> Credentialling <input type="checkbox"/> Electrical <input type="checkbox"/> Elevators <input type="checkbox"/> Erosion Control <input type="checkbox"/> Fire Safety <input type="checkbox"/> Manufactured Homes <input type="checkbox"/> Manuf. Home Parks <input type="checkbox"/> Manufactured Housing Dealer <input type="checkbox"/> Mines/Quarries <input type="checkbox"/> Plumbing <input type="checkbox"/> Pools <input type="checkbox"/> Mechanical Refrigeration <input type="checkbox"/> Private Sewage Systems/Holding Tanks <input type="checkbox"/> Public Safety <input type="checkbox"/> (+) Rental Weatherization <input type="checkbox"/> Storm Water <input type="checkbox"/> Gas Systems <input type="checkbox"/> (+) One-and Two-Family Homes <input type="checkbox"/> Ski Lifts/Ski Tows <input type="checkbox"/> Plumbing Products <input type="checkbox"/> Other: _____			
* <b>Contact your local Municipal Inspection Department first before submitting to the State</b>  + <b>No jurisdiction over contractual or leasing issues. Please contact the Wisconsin Department of Agriculture, Trade and Consumer Protection at 1-800-422-7128 (In WI Only) or <a href="http://www.datcp.state.wi.us">www.datcp.state.wi.us</a></b>			

**Nature of Complaint:** (Attach letter or additional page if necessary).

<b>For Office Use Only</b>	
<b>Investigation Transaction Number:</b> _____	
<b>Assigned/Referred to and Date Sent:</b> _____	
<b>Code Sections</b>	<b>Action Taken:</b> _____ (Attach copy of inspection report or orders, if necessary).
<b>Staff Signature:</b> _____ <b>Date Signed:</b> _____	